Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Title Line One:: APPARATUS AND METHODS FOR

Title Line Two:: FORMING AND SECURING
Title Line Three:: GASTROINTESTINAL TISSUE

Title Line Four:: FOLDS

Attorney Docket Number:: USGI-005-2C

Request for Early Publication:: No Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 41
Small Entity:: Yes
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ken

Middle Name::

Family Name:: Michlitsch

Name Suffix::

City of Residence:: Livermore State or Province of Residence:: California

Country of Residence:: US

Street of Mailing Address: 4613 Pamela Commons

City of Mailing Address:: Livermore State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94550

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Saadat

Name Suffix::

City of Residence:: Saratoga

State or Province of Residence:: California

Country of Residence:: US

Street of Mailing Address: 12679 Kane Drive

City of Mailing Address:: Saratoga
State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95070

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Rich

Middle Name::

Family Name:: Ewers

Name Suffix::

City of Residence:: Fullerton
State or Province of Residence:: California

Country of Residence:: US

Street of Mailing Address: 1437 W. Malvern

City of Mailing Address:: Fullerton
State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 92833

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Chris

Middle Name::

Family Name:: Rothe

Name Suffix::

City of Residence:: San Jose
State or Province of Residence:: California

Country of Residence:: US

Street of Mailing Address: 1593 Sabina Way

City of Mailing Address:: San Jose
State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95118

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Rodney

Middle Name::

Family Name:: Brenneman

Name Suffix::

City of Residence:: San Juan Capistrano

State or Province of Residence:: California

Country of Residence:: US

Street of Mailing Address: 34002 Las Palmas Del Mar

City of Mailing Address:: San Juan Capistrano

State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 92675

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Cang

Middle Name::

Family Name:: Lam

Name Suffix::

City of Residence:: Irvine
State or Province of Residence:: California

Country of Residence:: US

Street of Mailing Address: 74 Stanford Ct.

City of Mailing Address:: Irvine
State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 92612

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Eugene

Middle Name::

Family Name:: Chen

Name Suffix::

City of Residence:: Carlsbad
State or Province of Residence:: California

Country of Residence:: US

Street of Mailing Address: 3600 Corte Castillo

City of Mailing Address:: Carlsbad
State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 92009

Correspondence Information

Correspondence Customer Number:: 35023

Phone Number:: 858.720.6320 Fax Number:: 858.523.4326

Representative Information

Representative	Registration Number::	Representative Name::
Designation::		
Primary	34,408	Nicola A. Pisano
Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This Application	Continuation-	10/672,375	September 25,
	in-Part of		2003
10/672,375	An application	60/500,627	September 5,
	claiming the		2003
	benefit under		
	35 USC 119(e)		
This Application	Continuation-	10/612,170	July 1, 2003
	in-Part of		
10/612,170	An application	60/433,065	December 11,
	claiming the		2002
	benefit under		
	35 USC 119(e)		
This Application	Continuation-	10/639,162	August 11, 2003
	in-part of		
10/639,162	An application	60/433,065	December 11,
	claiming the		2002
	benefit under		
	35 USC 119(e)		
This Application	Continuation-	10/173,203	June 13, 2002
	in-part of		
This Application	Continuation-	10/458,060	June 9, 2003
	in-part of		
10/458,060	Continuation-	10/346,709	January 15, 2003
	in-part of		
10/458,060	An application	60/471,893	May 19, 2003
	claiming the		
	benefit under		
	35 USC 119(e)		

This Application	Continuation- in-part of	10/288,619	November 4, 2002
10/288,619	Continuation- in-part of	09/746,579	December 20, 2000
10/288,619	Continuation- in-part of	10/188,509	July 3, 2002
10/188,509	Continuation- in-part of	09/898,726	July 3, 2001
09/898,726	Continuation- in-part of	09/602,436	June 23, 2000
09/602,436	An application claiming the benefit under 35 USC 119(e)	60/141,077	June 25, 1999

Assignment Information

Assignee Name:: USGI MEDICAL

Street of Mailing Address:: 3511 Thomas Rd. Ste. 1

City of Mailing Address:: Santa Clara State or Province of Mailing Address:: California

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95054

1921421.1